



Application S.N./Registration No.:
Filing Date: File/Docket No. 3020/14

Receipt of Transmitted Documents

Patent Office Mail Room: Please place the Mail Room Date Stamp on this card to indicate receipt by the U.S. PTO of the paper(s) identified below and return card to sender.

Type of Paper:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Declaration |
| <input type="checkbox"/> Brief | <input type="checkbox"/> Certificate of Corr. |
| <input type="checkbox"/> Maintenance Fee | <input type="checkbox"/> Request for Ext. of Time |
| <input type="checkbox"/> Appeal Board's Decision | <input type="checkbox"/> Petition |
| <input type="checkbox"/> Issue Fee | <input type="checkbox"/> Missing Parts |
| <input type="checkbox"/> Priority Document | <input type="checkbox"/> 132 Declaration |
| <input type="checkbox"/> Formal Drawings | <input type="checkbox"/> Transmittal Letter (in duplicate) |
| <input type="checkbox"/> Notice of Appeal | <input type="checkbox"/> Rule 53(d) Continuation (CPA) |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Assignment w/rec. Cover Sheet |
| <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Request for Recon. | |
| <input type="checkbox"/> References (IDS)/PTO1449 | <input type="checkbox"/> Deposit Acct Authorization and Info. Provided |
| <input type="checkbox"/> Preliminary Amend. | |

A Check drawn in the amount of \$..... (#.....)

is also attached hereto.

Mailed: ☐ COM ☒ COEM #.....

EV786399459US



EV 786399459 US

Mailing Label
Label 11-F, April 2004



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)		
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee \$
Mo. Day Year	Month Day	COD Fee \$ Insurance Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	Total Postage & Fees \$
Flat Rate <input type="checkbox"/> or Weight lbs. ozs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Acceptance Emp. Initials
	Int'l Alpha Country Code	

CUSTOMER USE ONLY
METHOD OF PAYMENT:
Express Mail Corporate Acct. No. _____

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
Customer Signature _____		

Federal Agency Acct. No. or
Postal Service Acct. No. _____

FROM: (PLEASE PRINT) PHONE 203 921 2844

STEVEN GARNER
LEGAL DEPARTMENT
CONAIR CORPORATION
1 CUMMINGS POINT RD STE 1
STAMFORD CT 06902-7901
USA

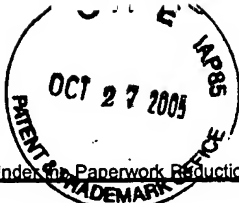
COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA, VA 22313-1450

3020/14

FOR PICKUP OR TRACKING: Visit www.usps.com or Call 1-800-222-1811



PRESS HARD, YOU ARE MAKING 3 COPIES.



10-28-05

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/733121
Filing Date	12/11/2003
First Named Inventor	FRANK R. CHIAPETTA
Art Unit	1723
Examiner Name	SOOHOO, TONY GLEN
Attorney Docket Number	3020/U

ENCLOSURES (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application
<input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Other Enclosure(s) (please identify
below): |
|---|--|---|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	CONAIR CORPORATION		
Signature			
Printed name	LAWRENCE CRUZ		
Date	OCTOBER 27, 2005	Reg. No.	36,385

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

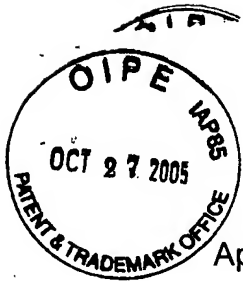
Signature

Typed or printed name

Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/733,121 Confirmation No.: 7885
Applicant : Chiapetta, Frank R.
Filed : 12.11.2003
TC/A.U. : 1723
Examiner : Soohoo, Tony Glen
Docket No. : 893.0021usu
Customer No. ;

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313 – 1450

AMENDMENT

Sir:

This communication is in response to the Office action mailed 07.29.2005. Please find enclosed with this communication an executed form "Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address" appointing the undersigned to represent the Applicant concerning this application.

In response to the Office action mailed 07.29.2005, please amend the above-identified application as follows:

Amendments to the Specification None.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Amendments to the Drawings None.

Remarks/ Arguments begin on page 4 of this paper.

Amendments to the Claims:

This listing of claims will replace all prior versions and listings of claims in the application: